

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 267-3816  
Phone #: (608) 266-5511

1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: web@drl.state.wi.us  
Website: http://drl.wi.gov

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### APPLICATION FOR REGISTRATION OF PRENEED SELLER

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐ Your name and address are available to the public.  
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

#### SECTION A: TO BE COMPLETED BY PRENEED SELLER

PRENEED SELLER IS::

<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual Person including Officer or
<input type="checkbox"/> Corporation	Partner who engages in preneed sales,
<input type="checkbox"/> Cemetery Association	employed by a registered preneed seller
<input type="checkbox"/> Municipality	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Sole Proprietor	

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number ( ) _____ - _____
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Ethnic/gender status information is optional.

Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Ethnic: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other
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Have you ever held a license/credential in the state of Wisconsin? \_\_\_\_ Yes \_\_\_\_ No (please indicate)  
If yes, provide your Wisconsin license/credential number. \_\_\_\_\_

#### BUSINESS OR OCCUPATION OF APPLICANT FOR THE LAST TWO YEARS

APPLICATION FEE: Please make check payable to Department of Regulation and Licensing and attach to this application.

☐ \$ 53.00 Initial credential fee

#### OFFICE USE ONLY

TYPE	HE CODE	REGISTRATION #	GRANT DATE
101	17		
DETAIL			

#### For Receipting Use Only

# Wisconsin Department of Regulation & Licensing

## 8. **STATEMENT OF ARREST OR CONVICTION:** MARK AN X IN THE APPROPRIATE BOX.

If you answer YES to any questions, give all details on a separate sheet.

- |  | <u>YES</u>               | <u>NO</u>                |
|--|--------------------------|--------------------------|
| A. Has the applicant ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, <b>OR</b> are criminal charges or DWI charges currently pending against the applicant? <u>If YES, complete and attach Form #2252.</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Has the applicant ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the name of the profession and the agency.</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Has any licensing or other credentialing agency ever taken any disciplinary action against the applicant, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is disciplinary action pending against the applicant in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Have any suits or claims ever been filed against you as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Does the applicant currently hold, or has the applicant in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? <u>If YES, what type of credential?</u>   | <input type="checkbox"/> | <input type="checkbox"/> |

And if in another name, what name? \_\_\_\_\_

## 9. APPLICANT'S SIGNATURE

*I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential, failure to comply with the laws or rules of the Department of Regulation and Licensing will be cause for disciplinary action.*

\_\_\_\_\_  
Signature of Individual Applicant, Officer of a  
Corporation or Association, Partner of a  
Partnership, or Municipal Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Type or Print Name of Person Signing Above

# Wisconsin Department of Regulation & Licensing

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**SECTION B: TO BE COMPLETED BY THE PRENEED SELLER/EMPLOYER OF AN APPLICANT WHO IS OR WILL BE AN OFFICER, PARTNER OR EMPLOYEE OF THE PRENEED SELLER/EMPLOYER**

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1. NAME OF EMPLOYER EXACTLY AS IT APPEARS ON REGISTRATION CERTIFICATE

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2. REGISTRATION NUMBER

3. DAYTIME TELEPHONE NUMBER  
(       )

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4. ADDRESS (Number, Street, City, State, Zip Code)

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5. PRINT OR TYPE NAME OF EMPLOYER SIGNING BELOW

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6. EMPLOYER CERTIFICATION

*This is to certify that the applicant in Section A is competent to act as a preneed seller and that the employer will assume responsibility for the applicant pursuant to the Department rules.*

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Signature of Employer: Sole Proprietor, Officer  
of Corporation or Association, Partner of a  
Partnership, or Municipal Official

---

Title of Person Signing

---

Type or Print Name of Person Signing Above

---

Date

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## **DETAILS**

# Wisconsin Department of Regulation & Licensing

**SOCIAL SECURITY NUMBER.** Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.<sup>1</sup> A form for submitting a statement that you do not have a social security number is available from the department.

**(Please Print)**

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First Name	Middle Initial	Last Name
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Profession

Date of Birth

\_\_\_\_\_  
month

\_\_\_\_\_  
day

\_\_\_\_\_  
year

-  -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,<sup>2</sup> to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,<sup>3</sup> and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.<sup>4</sup>

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<sup>1</sup> Section 440.03 (11m), Wis. Stats.

<sup>2</sup> Sections 49.22, and 440.13, Wis. Stats.

<sup>3</sup> Section 440.12, Wis. Stats.

<sup>4</sup> Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

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## CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: \_\_\_\_\_

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth	Social Security Number
____ month ____ day ____ year	_____
Information helps us identify your record, but is voluntary. It is not available to the public.	

Ethnic/gender information is required to check criminal information records. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

- List all other names used: \_\_\_\_\_
- List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

OFFENSE

DATE

CITY/STATE

Attach additional sheet(s) if necessary.

# Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? YES NO MO/YR COMPLETED  
☐ ☐ \_\_\_\_\_  
Did you successfully complete the program? ☐ ☐ \_\_\_\_\_  
Please attach the certificate of completion/discharge summary.

- (Check all that apply)
4. Have you ever been sentenced to: YES NO MO/YR COMPLETED  
☐ Probation ☐ ☐ \_\_\_\_\_  
☐ Parole ☐ ☐ \_\_\_\_\_  
☐ Ordered to pay restitution ☐ ☐ \_\_\_\_\_  
Did you successfully complete one of the above as ordered by the court? ☐ ☐ \_\_\_\_\_

If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **pending**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

<u>PENDING CHARGE</u>	<u>DATE OF ARREST</u>	<u>LOCATION OF ARREST (city/state)</u>
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Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.


## AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

Signature	Date
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Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signature of Notary Public	Date
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My commission (is permanent) \_\_\_\_\_ expires \_\_\_\_\_.

**SEAL**

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## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### WISCONSIN STATUTES AND ADMINISTRATIVE CODE ORDER FORM

For assistance with the open book exam (if required) or for your information, you may access the Wisconsin Statutes and Administrative Code on the department's web site at <http://drl.wi.gov>. If you do not have internet access, you may obtain this information through the public library.

If you would prefer to have a printed copy of any code book, you may purchase one directly from the department. Please submit this form along with a check in the amount of \$5.28 per book made payable to the Department of Regulation and Licensing (DRL) to the address listed above.

#### Mark which profession(s) you are requesting below:

<input type="checkbox"/> Accounting	<input type="checkbox"/> Funeral Directors
<input type="checkbox"/> Architects, Landscape Architects, Engineers, Designers & Land Surveyors	<input type="checkbox"/> Geology, Hydrology and Soil Science
<input type="checkbox"/> Auctioneer & Auction Company	<input type="checkbox"/> Home Inspectors
<input type="checkbox"/> Barbering and Cosmetology	<input type="checkbox"/> Interior Designers
<input type="checkbox"/> Cemetery Authorities, Cemetery Salespersons & Preneed Sellers	<input type="checkbox"/> Nursing Home Administrators
<input type="checkbox"/> Charitable Organizations, Professional Fund-Raisers & Professional Fund-Raising Counsel	<input type="checkbox"/> Private Detectives & Private Security Persons
	<input type="checkbox"/> Real Estate Agents
	<input type="checkbox"/> Real Estate Appraisers
<input type="checkbox"/> # OF BOOKS REQUESTED x \$5.28 each = <input type="checkbox"/> TOTAL AMOUNT ENCLOSED	

Make your check payable to the Department of Regulation & Licensing (DRL) and return with this form to the address shown above.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
COMPANY/ORGANIZATION

\_\_\_\_\_  
STREET ADDRESS/PO BOX

\_\_\_\_\_  
CITY/COUNTY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

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## NOTICES

### TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.<sup>a</sup> An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

### PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

### MAILING ADDRESS AND CHANGE OF ADDRESS

*Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.*

### PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

### AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

**Communications and examinations:** Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

**Complaints:** Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 3/04) ss. 15.04 (1) (m), 19.35, Stats.

<sup>a</sup> Section RL 4.06 of the Wisconsin Administrative Code